



Fiscal Year 2015
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
REQUEST FOR PROPOSALS (RFP)

**CAPITAL IMPROVEMENT
PROJECTS –
PUBLIC FACILITIES AND
INFRASTRUCTURE**

RFP Number:
(CDBG Program Office Use Only)

A. APPLICANT AGENCY INFORMATION

1. GENERAL INFORMATION

| | |
|-----------------------|--|
| Agency Legal Name: | |
| Project Name: | |
| Project Site Address: | |

FUNDING REQUEST INFORMATION

| | |
|--|--|
| Total amount of CDBG funding requested in this RFP: | |
| Total amount of funding secured for this proposed project: | |
| Total cost to complete this proposed project: | |

HEAD OF AGENCY CONTACT INFORMATION

| | |
|-----------------|--|
| Name: | |
| Title: | |
| Address: | |
| Phone number: | |
| E-mail address: | |

HEAD OF FISCAL CONTACT INFORMATION

| | |
|-----------------|--|
| Name: | |
| Title: | |
| Address: | |
| Phone number: | |
| E-mail address: | |

RFP CONTACT INFORMATION

| | |
|-----------------|--|
| Name: | |
| Title: | |
| Address: | |
| Phone number: | |
| E-mail address: | |

B. GENERAL PROJECT INFORMATION

1. Relationship to the FY 2015-FY 2019 Consolidated Plan Goals

a. The FY 2015-FY 2019 Consolidated Plan Goals are listed below. **Select only one goal** that your agency believes is most appropriate for your proposed project:

| | Goals | CDBG Eligible Activity | | |
|--------------------------|---|------------------------|-----|-----|
| | | PS | CED | CIP |
| <input type="checkbox"/> | Enhance the City's economic stability and prosperity by increasing opportunities for job readiness and investing in economic development programs. | X | X | N/A |
| <input type="checkbox"/> | Strengthen neighborhoods by investing in the City's critical public infrastructure needs. | N/A | N/A | X |
| <input type="checkbox"/> | Improve housing opportunities by creating and preserving affordable rental and homeowner housing in close proximity to transit, employment, and community services. | N/A | X | X |
| <input type="checkbox"/> | Assist individuals and families to stabilize in permanent housing after experiencing a housing crisis or homelessness by providing client-appropriate housing and supportive service solutions. | X | N/A | X |
| <input type="checkbox"/> | Invest in community services and non-profit facilities that maximize impact by providing new or increased access to programs that serve highly vulnerable populations such as youth, seniors, and food insecure households. | X | X | x |
| <input type="checkbox"/> | Meet the needs of persons with HIV/AIDS and their families through the provision of housing, health, and support services. | X | N/A | N/A |

b. Based on the Consolidated Plan Goal selected in B.1.a., specifically describe the following related to your proposed project:

- 1) The specific needs the project seeks to address, summarizing any statistics, data, or other documentation that demonstrates the need; and
- 2) How will the proposed project address the needs identified.

[Type response here.]

| | | |
|---|--|---|
| <i>Select all populations to be served by the proposed CIP-PFI:</i> <i>*Populations identified as highly vulnerable in Consolidated Plan Goals</i> | <input type="checkbox"/> Seniors* | <input type="checkbox"/> Victims of Domestic Violence |
| | <input type="checkbox"/> Food Insecure Households* | <input type="checkbox"/> Victims of Child Abuse |
| | <input type="checkbox"/> Youth* | <input type="checkbox"/> Victims of Other Crime |
| | <input type="checkbox"/> Homeless | <input type="checkbox"/> Illiterate Adults |
| | <input type="checkbox"/> Persons with Disabilities | <input type="checkbox"/> Persons with Mental Illness |
| | <input type="checkbox"/> Persons with HIV/AIDS | <input type="checkbox"/> 51% of clientele documented as LMI |

All projects must select one of the categories below and respond to the appropriate set of questions for that category:

- 1) ☐ Will this project serve Low/Moderate Areas? Complete Table a.
- 2) ☐ Will this project serve Limited Clientele? Complete Table b.

[illegible]

| | | |
|---|---|--|
| b. | LIMITED CLIENTELE-Please complete table below: | |
| 1. | Total number of Individuals served by the project (City of San Diego residents and non-residents) | |
| 2. | Total number of City of San Diego Residents served by the project. | |
| 3. | Percentage of City of San Diego Residents served by the project in relation to the total number of individuals served by the project | |
| 4. | Number of City of San Diego Residents served by the project that are LMI (their income falls at or below 80% of the Area Median Income OR they are presumed LMI) | |
| 5. | Percentage of City of San Diego Residents served by the project that are LMI (their income falls at or below 80% of the Area Median Income OR they are presumed LMI) | |
| 6. | Number of City of San Diego Residents served by the project whose income is at or below the 50% Area Median Income | |
| 7. | Percentage of City of San Diego Residents served by the project whose income is at or below the 50% Area Median Income | |
| 8. Describe methods and reasoning used to arrive at the numbers identified in b.1 – b.7 above. Clearly describe any assumptions made and identify the sources of the information and the data used as applicable. | | |

[Type response here.]

4. CDBG Project Performance Outcome Measures

a. Please list quantifiable and measurable **outcomes** (see CDBG RFP Handbook) for the proposed project.

At least one is required.

1. How will you measure the project's performance, collect data, and track or verify the outcomes?
2. Describe how the project will provide a high benefit to San Diego communities in relation to the amount of funds being requested and the type of service provided

Type response here

C. PROPOSED PROJECT CATEGORY INFORMATION

1. CIP-Public Facilities/Infrastructure Improvements Projects:

a. *Select the CIP-Public Facilities/Infrastructure Improvements category that is most appropriate for your agency's proposed project.*

| | |
|---|--|
| <input type="checkbox"/> Asbestos Removal | <input type="checkbox"/> Homeless Facilities |
| <input type="checkbox"/> Centers for the Disabled | <input type="checkbox"/> Neighborhood Facilities |
| <input type="checkbox"/> Child Care Centers | <input type="checkbox"/> Other Public Facilities/Infrastructure Improvements |
| <input type="checkbox"/> Facilities for Abused and Neglected Children | <input type="checkbox"/> Parks, Recreational Facilities – City Applicants only |
| <input type="checkbox"/> Facilities for AIDS Patients | <input type="checkbox"/> Senior Centers |
| <input type="checkbox"/> Health Facilities | <input type="checkbox"/> Youth Centers |

b. *Describe the proposed Project and each activity for which your agency is requesting CDBG funding. For each activity listed:*

1) *Provide detailed descriptions of the activity, including but not limited to:*

a. *Type of construction, bidding process, site preparation, relocation, construction/renovation work, project status inspections; and final public access or occupancy.*

2) *Timeline to complete each activity.*

Type response here

c. Describe your agency's experience in completing similar projects and highlight past accomplishments.

[Type response here.]

D. PROJECT BUDGET INFORMATION

1. Total Project Information

| | AMOUNT | AMOUNT | % OF TOTAL |
|---|--------|--------|-------------|
| FY 2015 CDBG Request from City of San Diego | | | |
| HOME | | | |
| ESG | | | |
| HOPWA | | | |
| Other Federal Funds | | | |
| State/Local Funds | | | |
| Private Funds | | | |
| Agency Funds | | | |
| | | | |
| | | | |
| TOTAL PROJECT FUNDING | | | 100% |
| % of TOTAL PROJECT FUNDING | | | |

* Supporting documentation is required for amounts listed as secured and as leverage to the proposed CDBG project.

| | | | | |
|---|--------------------------|-----|--------------------------|----|
| a. Will Subcontractors and/or Consultants be procured to implement any portion of the proposed CDBG project? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| b. Will the project collaborate with other service providers in the community to achieve the outcomes previously listed to maximize benefit to the clients/households served? <i>If Yes, briefly describe the collaboration efforts that will be made with existing services providers and/or community resources:</i> | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

[Type response here.]

2. Proposed FY 2015 CDBG Project Budget Information

a. List the FY 2015 CDBG Non-Personnel Budget for the proposed CIP-Public Facilities/Infrastructure Improvements Projects

| LINE ITEM/TYPE | CDBG AMOUNT | % OF TOTAL |
|---|-------------|------------|
| Consultant/Professional Services: | | |
| CIP Construction Management Services: (Capped at 6% of CDBG budget) | | |
| CIP Construction/Renovation (Materials, Labor, Permits & Fees): | | |
| CIP Lead-Based Paint Assessment/Abatement: | | |
| Other Expenses: | | |
| Other Expenses: | | |
| Other Expenses: | | |
| Other Expenses: | | |
| TOTAL NON-PERSONNEL/ TOTAL CDBG BUDGET | | |